

**State of Washington**  
**Office of Financial Management**  
**Accounting and Administrative Services Division**  
**Statewide Financial Systems**

**BUDGET AND ALLOTMENT SUPPORT SYSTEM (BASS)  
SECURITY MAINTENANCE**

*Leave shaded areas blank*

Select Systems:	Level				Action	
	Budget Ops	Budget Analyst	Edit Access	Read Only	Add Access	Delete Access
Performance Measure Tracking Estimates System (PMTES)						
Automated Upload Transaction Option (AUTO)						
Budget Reporting System (BRS) <i>(formerly VRS)</i>						
BPS1 Extract						
Budget Development System (BDS)						
Capital Budgeting System (CBS)						
Data Release to OFM:						
<input type="checkbox"/> PMTES <input type="checkbox"/> BDS <input type="checkbox"/> CBS						
State Intranet Access (if you can access sww.wa.gov, you have access).						

**User Identification:**

Login ID: \*\* | | | | | | | | | | | | | |

\*\* First five characters are agency code (3), sub-agency code (1) and reserved for future use (1) (default to 0). (eg. 10500 is OFM)

Next eight characters at agency discretion with first three characters required (local area network ID is recommended).

Agency Code #: |\_\_|\_\_|\_\_|\_\_|      Agency Name: \_\_\_\_\_

User Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date (mm/dd/yy):        /        /

Telephone #: ( ) \_\_\_\_\_ Effective Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approval (REQUIRED):**

Approval Signature: \_\_\_\_\_

Approval Name (please print): \_\_\_\_\_

Telephone #: (      )      Date (mm/dd/yy):      /      /

Send **original** form to:

*Financial Systems Security Administrator  
OFM Accounting & Administrative Services Division  
PO Box 43115  
Olympia, WA 98504-3115*

For prompt service, FAX form to (360) 586-3964. **Please also send the original form.**

**(OFM USE ONLY)**

Product Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

User record entered by: \_\_\_\_\_ Date: \_\_\_\_\_